COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

PHNL040091 US

As a below named inventor, I h	nereby declare that:		
My residence, post office addre	ess and citizenship are as state	ed next to my name.	
I believe I am the original, first plural names are listed below) the specification of which (chec	of the subject matter which is o	name is listed below) or an original, claimed and for which a patent is so	first and joint inventor (if ught on the invention
entitled:			
is attached hereto.	•		
☐ was filed as United States a	application		
Serial No			
on			
and was amended			
on	•		
🗓 was filed as PCT internation	nal application	·	
Number PCT/IB20005/050155			
on 13 January 2005			
and was amended under PCT	Article 19		
on			(if applicable).
I hereby state that I have revie claims, as amended by any an		nts of the above-identified specifica	tion, including the
continuation-in-part application	s, material information which b	rial to patentability as defined in 37 of ecame available between the filing the continuation-in-part application	date of the prior
inventor's or plant breeder's rig one country other than the Uni any foreign application(s) for p	phts certificate(s), or 365(a) of a ted States of America, listed be	-(d) or (f), or 365(b) of any foreign a any PCT international application whelow and have also identified below, er's rights certificate(s), or of any Po of which priority is claimed.	hich designated at least by checking the box
PRIOR FOREIGN/PCT APPLI	CATION(S) AND ANY PRIORI	TY CLAIMS UNDER 35 U.S.C. 119	:
COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119
Europe	04100133.0	16 January 2004	YES
	l s	DEPARTMENT OF COMMERCE -Pate	nt and Trademarks Office

		n For Patent Applic T International Application		er of Attorney (Continue	ed)	PHNL040091 US
POWI	ER OF ATTORNE iness in the Patent a	Y: As a named inventor and Trademark Office co	, I hereby appoint nnected therewith	the following attorney(s) and/ . (List name and registration r	or agent(s) to pro number)	secute this application and transact
Micha	E. Haken, Reg. No nel E. Marion, Re rd M. Blocker, Re	g. No. 32, 266			Direct Telephor (name and tele (914)332-02	phone number)
	FULL NAME OF INVENTOR	FAMILY NAME LEMMA		FIRST GIVEN NAME Aweke		SECOND GIVEN NAME Negash
201	RESIDENCE & CITIZENSHIP	CITY Eindhoven		STATE OR FOREIGN COU The Netherlands	NTRY	COUNTRY OF CITIZENSHIP The Netherlands
	POST OFFICE POST OFFICE ADDR Prof. Holstlaa			5656 AA Eindhoven		STATE & ZIP CODE/COUNTRY The Netherlands
	FULL NAME OF INVENTOR	FAMILY NAME VAN DER VEE	N	FIRST GIVEN NAME Minne		SECOND GIVEN NAME
202	RESIDENCE & CITIZENSHIP	CITY Eindhoven		STATE OR FOREIGN COUNTRY The Netherlands		COUNTRY OF CITIZENSHIP The Netherlands STATE & ZIP CODE/COUNTRY
	POST OFFICE POST OFFICE ADDRESS ADDRESS Prof. Holstlaan 6			5656 AA Eindhoven		The Netherlands
true: a	nd further that these	statements were made der section 1001 of Title	with the knowledg	e that willful false statements	and the like so m	ormation and belief are believed to be ade are punishable by fine or ts may jeopardize the validity of the
SIGNA	TURE OF INVENTO	OR 201		FINVENTOR 202		
DATE	19 August 200	5	DATE			

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

(July 1994)

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Combined Declaration For Patent Application and Power of Attorney (Continued) (includes Reference to PCT International Applications)						Attorneys Docket Number PHNL040091 US
POW	FR OF ATTORNE	Y: As a named inventor.	I hereby appoint	the following attorney(s) and/on. (List name and registration n	or agent(s) to prose umber)	ecute this application and transact
Mich	E. Haken, Reg. No ael E. Marion, Re ard M. Blocker, Ro	g. No. 32, 266			Direct Telephone (name and telep (914)332-022	hone number)
	FULL NAME OF INVENTOR	FAMILY NAME LEMMA		FIRST GIVEN NAME Aweke		second given name Negash
201	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY The Netherlands		COUNTRY OF CITIZENSHIP The Netherlands
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6		CITY 5656 AA Eindhoven		STATE & ZIP CODE/COUNTRY The Netherlands
FULL NAME OF INVENTOR		FAMILY NAME VAN DER VEE		FIRST GIVEN NAME Minne		SECOND GIVEN NAME
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	POST OFFICE ADDRESS					STATE & ZIP CODE/COUNTRY The Netherlands
rue: a mpris	and further that these	e statements were made v der section 1001 of Title 1	vith the knowledd	ne that willful false statements	and the like so ma	rmation and belief are believed to lide are punishable by fine or smay jeopardize the validity of the
SIGN	ATURE OF INVENT	OR 201	SIGNATURE O	F INVENTOR 202		
			M			
DATE		,	DAT€ 20 Au	igust 2005		

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(July 1994)